

What are Telepsychiatric services and when are they used?

How do Telepsychiatric services work?

How is it different than a regular session with mental health staff?

What happens if I choose not to consent to Telepsychiatric services?

I understand that:

- _____
Signature of Client
- _____
Signature of Witness
- _____
Date

Legal Representative*

Signature of Witness

Date _____

Relationship to Client

Date _____

- Staff Signature

Date _____

This consent was translated into _____ for the client and/or responsible adult/legal representative.

A copy of this Consent ☐ was given ☐ declined on _____ by _____
Date Initial

*Legal Representative = Parent, Authorized Caregiver, Guardian, Conservator, or Personal Representative for treatment

Name: _____

IS#:

Agency:

Provider #:

CONSENT FOR TELEPSYCHIATRIC SERVICES